



# Regence

Regence BlueCross BlueShield of Oregon is an Independent  
Licensee of the Blue Cross and Blue Shield Association

## INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR PROVIDER NUMBER

Please review the following instructions for completion of the attached application. **All sections must be entirely completed.**

### Section A

- (1) The **Name of Provider** must be **identical** to the name used on the claim forms you will be submitting to us. When names do not match, claims payment may be delayed.
- (2) Offices using a **P.O. Box** for a mailing address **must** also provide their **street address** for their physical location. Private delivery firms such as UPS are unable to make deliveries to P.O. Boxes.
- (3) Indicate either a five or nine-digit zip code for both Street and P.O. Box addresses.
- (4) Professional Corporations must indicate **IRS numbers**. Physicians or other health care professionals may submit either an IRS number or a Social Security number.
- (5) Employees of corporations or other providers should not submit separate applications. Employees must use their employer's provider number.
- (6) Although the clinic name may indicate practice specialty, we request that **all** applications list **specialty** and a brief description of services provided.

### Section B

- (7) A listing of **all** providers of service, including any named in Section A (1), **must** be entered in this section. Professional license numbers **must** be indicated in order to receive a provider number. Please attach a copy of your professional license.

The information you provide allows us to accurately identify your claims and to assist in the proper direction of payment. If changes occur (i.e., address, telephone number, office incorporation, providers, etc.), please notify us promptly so that we can update our records.

Completion of this form is **not** a contract between Regence BlueCross BlueShield of Oregon and the physician or other health care professionals. If you would like to speak to someone about your eligibility for a provider agreement, or if you have questions relating to the Application for Provider Number and Provider File Update form, please contact Customer Service in Portland at (503) 225-6619 or 1 (800) 722-5086. You may also call the telephone number indicated on the application form.



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## APPLICATION FOR PROVIDER NUMBER AND PROVIDER FILE UPDATE

**ALL SECTIONS MUST BE COMPLETED**

### Section A

Please list name exactly as check will be endorsed. If a professional corporation, use the complete corporate name.

1. Name of Provider		5. Specialty and General Service Provided	
2. Primary Physical Location (if different from billing)	3. ZIP Code		
City, State, ZIP Code			
3. Billing Address	3. ZIP Code		
City, State, ZIP Code		Phone Number (       )	
4. IRS or Social Security Number payment is to be made to:	E-mail Address		

### Section B

Please list all professionals whose services will be billed by the above office, including any named above, and a copy of each professional's license. If license is pending, please hold the form until license is received. Additional providers may be listed on the reverse side of this form.

6. Name	Degree	National Provider Identifier (NPI)	License Number (Please attach copy)

In completing this form, I certify that the above information is true and accurate. I understand that the appropriate licensing board will validate the information contained on the form.

Signature	Date
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Completion of this form in no way guarantees that a provider number will be assigned or that reimbursement will be made on your services.

**All electronic claims must be submitted with a National Provider Identifier and your IRS or Social Security Number as indicated in box 4. Paper claims can be submitted with either your NPI or assigned Regence provider number and your IRS or Social Security Number.**

If you have any questions in completing this form, please call the Provider Enrollment Maintenance department at (503) 226-8758.

The completed form may be faxed to (503) 225-5174, or mailed to: Regence BlueCross BlueShield of Oregon  
Attn: Provider Enrollment Maintenance, MS E7H  
PO Box 1271  
Portland, OR 97207-1271